

STUDENT LOAN MARKETING ASSOCIATION  
SMART LOAN Originations Center  
P.O. Box 1304  
Merrifield, Virginia 22116-1304

# Application/Promissory Note

## Section I: Personal Information

1. LAST NAME: Sharkey FIRST NAME: Ann MIDDLE INITIAL: C.  
2. SOCIAL SECURITY NUMBER: 7066  
3. DATE OF BIRTH (MONTH/DA/YR): 1-6-60  
4. DAYTIME TELEPHONE: 166-2  
5. NIGHT TELEPHONE: 166-2  
6. ADDRESS: San Francisco CITY: CA ZIP: 94118

My Employer is: Paros' Restaurant Name and Address of a Relative Who Does Not Live With Me: Sharkey Laureen R. Name and Address of a Non-Relative: Vowels, Donald  
7. CITY: San Francisco STATE: CA ZIP: 94118 CITY: Chicago STATE: IL ZIP: 60611 CITY: Evansville STATE: IN ZIP: 47711  
8. TELEPHONE: 1738

## Section II: Student Loan Information (Please read instructions carefully.)

NAME AND ADDRESS OF CREDITOR	APPROXIMATE GRADE (Sec 485)	TYPE OF LOAN (Sec 485)	INTEREST RATE	DATE OF DISBURSEMENT (MONTH/YEAR)	ACCOUNT NUMBER	ESTIMATED CURRENT OUTSTANDING BALANCE
11. Sallie Mae - Loan Servicing Center P.O. Box 309, Lawrence, KS 66044	X	GSL	10.4	9/85 9/86 9/87	066-1	17,000
12. Sallie Mae - Loan Servicing Center P.O. Box 309, Lawrence, KS 66044	X	ALAS/ SLRP	10.4	9/85 9/86 9/87	066-1	10,000
13. University Accounting Service, Inc. 180 N. Executive Dr., Brookfield, Wis. 53005	X	Perkins NSL	5	9/85 9/86 9/87	7066	2,553.73

Enter an "X" in this column if you have selected the loan for consolidation. A  
If any of the loans indicated above are GSLs and if you are currently in your grace period on these  
loans, please complete the upper right hand corner of the application (Item 8), by writing the  
word "grace" and indicating the date your grace period will end.

(If you need to list additional loans, attach another sheet.)

To Sallie Mae: By means of this application, I am applying to have my loans consolidated into a SMART LOAN Account at Sallie Mae, as allowed under Section 429C of the Higher Education Act of 1965, as amended ("the Act"). It is my understanding that Sallie Mae will advance to me the sum of the amounts of the loans currently held by the lenders named above which I then select for consolidation in my SMART LOAN Account. The funds so advanced by Sallie Mae will be disbursed to the holder(s) of the loans designated above in order to pay off those loans. I further understand that the amount of my SMART LOAN will equal the sum of the amounts which my creditors verify are the pay-off balances on the selected loans. This amount may be more or less than the estimated total balance I have indicated above. If the verified total balance on loans to be consolidated exceeds my estimate by \$500 or more, Sallie Mae will notify me before repaying my loan. If the amount that Sallie Mae advances to my lender exceeds the amount needed to pay off my balances, I understand that the lender will refund the excess to Sallie Mae for application on a new line of credit on my SMART LOAN account. Similarly, if I am consolidating ALAS (or called SLS, Supplemental Loans for Students) loans and my interest rate on my consolidation loan is higher than 9%, Sallie Mae will notify me prior to organizing the SMART LOAN.

## Section III: REPAYMENT OPTIONS/Combined Payment Plan

All Borrowers: Check One

HEAL Borrowers:

15. ☒ I choose the MAX-2 OPTION with two years of interest-only payments. ☐ I choose the MAX-4 OPTION with four years of interest-only payments. ☐ I choose a LEVEL PAYMENT PLAN.
16. ☐ Yes, I am applying for a Combined Payment Plan. Please include in this plan all of the HEAL loans listed above.

## Section IV: General Information (Please read and sign in both places indicated.)

17. PROMISE TO PAY: I, the undersigned borrower, promise to pay to the Student Loan Marketing Association (Sallie Mae) at Student Loan Marketing Association, Payment Processing Center, P.O. Box 5977, Law, VA 22116-5977 (or at such other address as designated by Sallie Mae) an amount to be advanced to me to pay the principal and interest on the unpaid principal balance of the loans indicated on the reverse side hereof, all in accordance with a repayment schedule to be furnished to me, and to pay all late charges, reasonable attorney's fees, and other costs permitted by law and incurred by Sallie Mae in the collection of any amount not paid when due. I understand that the amount of my loan will be based on the pay-off balance of the loans selected for consolidation as provided by the creditors of such loans and may exceed my estimate of such pay-off balances. My signature below certifies that I have read, understood, and agreed to the conditions and terms of the terms hereon and on the reverse side hereof and have received a copy of this application/promissory note.

### APPLICANT CERTIFICATION

I hereby certify that I am in repayment status on or in a grace period period on all of the loans I have chosen for consolidation, and that I am not in default on any of the loans I have chosen for consolidation. I also certify that (1) I have no other loan application pending with another lender and (2) I have not used any of the funds advanced to me by Sallie Mae for any purpose other than the payment of my educational expenses. I further certify that I have not used any of the funds advanced to me by Sallie Mae for any purpose other than the payment of my educational expenses. I further certify that I have not used any of the funds advanced to me by Sallie Mae for any purpose other than the payment of my educational expenses.

I certify that the above information is true and correct. I have read the material and understand my rights and responsibilities under the loan consolidation program.

### CRIMINAL PENALTIES

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and Section 490 of the Act.

18. APPLICANT SIGNATURE: Ann C. Sharkey DATE: March 6, 1989

### PERMISSION TO VERIFY LOAN BALANCES

To Whom It May Concern: I hereby authorize you to release to Sallie Mae, for purposes of verifying student loan information in order that I may consolidate my student loans into a consolidated loan or enter into a combined payment plan pursuant to the Higher Education Act of 1965, as amended, any information concerning my student loans that Sallie Mae receives in connection with such loan consolidation or combined payment plan. This authorization is for the use of Sallie Mae in connection with my student loans or resuming my HEAL loans as part of a combined payment plan. A copy of this authorization may be deemed to be an original.

19. APPLICANT SIGNATURE: Ann C. Sharkey DATE: March 6, 1989 ACCOUNT NUMBER: 7066

SALLIE MAE COPY

